



## Complete Summary

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### TITLE

Breast cancer screening: percentage of women 40 to 69 years of age who had one or more mammograms during the measurement year or the year prior to the measurement year.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

### Measure Domain

#### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

### Brief Abstract

#### DESCRIPTION

This measure is used to assess the percentage of women 40 through 69 years of age who had one or more mammograms during the measurement year or year prior to the measurement year.

#### RATIONALE

Breast cancer is the second most common type of cancer among American women, with approximately 178,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have

more treatment choices and better chances for survival. Mammography screening has been shown to reduce mortality by 20% to 30% among women 40 and older.

The U.S. Preventive Services Task Force, the American Academy of Family Physicians and the American College of Preventive Medicine recommend mammograms as the most effective method for detecting breast cancer when it is most treatable. When high-quality equipment is used and well-trained radiologists read the x-rays, 85% to 90% of cancers are detectable.

## **PRIMARY CLINICAL COMPONENT**

Breast cancer; screening mammography

## **DENOMINATOR DESCRIPTION**

Women 42 through 69 years of age as of December 31 of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

## **NUMERATOR DESCRIPTION**

One or more mammograms during the measurement year or the year prior to the measurement year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Use of this measure to improve performance  
Variation in quality for the performance measured

### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Decision-making by businesses about health-plan purchasing  
Decision-making by consumers about health plan/provider choice  
External oversight/Medicaid  
External oversight/Medicare  
External oversight/State government program  
Internal quality improvement  
National reporting

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 40 through 69 years

### TARGET POPULATION GENDER

Female (only)

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

A woman living in the United States (U.S.) has a 1 in 8 lifetime risk of developing breast cancer.

## **EVIDENCE FOR INCIDENCE/PREVALENCE**

Fact sheet. Screening mammograms: questions and answers. [internet]. Bethesda (MD): National Cancer Institute; [updated 2009 Aug 14]; [accessed 2009 May 01]. [9 p].

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Women without health insurance are more likely to be diagnosed with breast cancer at a later stage, decreasing their chances of survival.

## **EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS**

American Cancer Society. Cancer facts & figures 2007. Atlanta (GA): American Cancer Society; 2007. 52 p.

## **BURDEN OF ILLNESS**

The five-year survival rate for localized breast cancer, where cancer cells have not spread to the lymph nodes or outside the breast, is 98 percent; the five-year survival rate for breast cancer that has spread throughout the body is only 26 percent.

## **EVIDENCE FOR BURDEN OF ILLNESS**

American Cancer Society. Cancer facts & figures 2007. Atlanta (GA): American Cancer Society; 2007. 52 p.

## **UTILIZATION**

Unspecified

## **COSTS**

Treatment for breast cancer detected in its earliest, pre-invasive stage costs significantly less than treatment for breast cancer detected in more advanced stages. In the U.S., breast cancer treatment cost nearly \$7 billion per year.

## **EVIDENCE FOR COSTS**

Screening to prevent cancer deaths. [internet]. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion; [updated 2009 Dec 17]; [accessed 2003 Mar 01].

# **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Staying Healthy

## **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Women 42 through 69 years of age as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment (commercial, Medicare) or with not more than a one-month gap in coverage during each year of continuous enrollment (Medicaid)

## **DENOMINATOR SAMPLING FRAME**

Enrollees or beneficiaries

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Women 42 through 69 years of age as of December 31 of the measurement year

### **Exclusions**

The organization may exclude women who had a bilateral mastectomy. Look for evidence of a bilateral mastectomy as far back as possible in the member's history through December 31 of the measurement year. Exclude members for whom there is evidence of two unilateral mastectomies Refer to Table BCS-B in the original measure documentation for codes to identify exclusions for breast cancer screening.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Patient Characteristic

## **DENOMINATOR TIME WINDOW**

Time window precedes index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

One or more mammograms during the measurement year or the year prior to the measurement year. A woman had a mammogram if a submitted claim/encounter contains any one of the codes in Table BCS-A of the original measure documentation to identify breast cancer screening.

**Exclusions**

The purpose of this measure is to evaluate primary screening. Do not count biopsies, breast ultrasounds or magnetic resonance imaging (MRI) for this measure because they are not appropriate methods for primary breast cancer screening.

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

## DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

## STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

## ORIGINAL TITLE

Breast cancer screening (BCS).

## MEASURE COLLECTION

[HEDIS® 2010: Health Plan Employer Data and Information Set](#)

## MEASURE SET NAME

[Effectiveness of Care](#)

## MEASURE SUBSET NAME

[Prevention and Screening](#)

## DEVELOPER

National Committee for Quality Assurance

## FUNDING SOURCE(S)

Unspecified

## COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## **ENDORSER**

National Quality Forum

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

1993 Jan

## **REVISION DATE**

2009 Jul

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

## **SOURCE(S)**

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.



## MEASURE AVAILABILITY

The individual measure, "Breast Cancer Screening (BCS)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on November 15, 2007. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on March 6, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated again by ECRI Institute on January 15, 2010.

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